Food Restriction in Running Questionnaire

The purpose of this project is to learn about foods that endurance runners eat before they train or race, and if there are specific foods that they avoid. Gathered data will provide the sport science community with a better understanding of the most desirable pre-exercise nutrition message for these athletes. Furthermore, this research will determine the athletes' current attitudes toward food intolerances and training. The information obtained from these questionnaires will be kept strictly CONFIDENTIAL. Only members of the research team will have access to the answers. All data from the survey and documents are considered the property of the researcher. Any material written and/or published will be used in such a way as to not identify you. Your honesty and accuracy with this survey is greatly appreciated.

Please ensure that you have signed a consent form prior to completing this questionnaire. Please keep your copy of the consent form with your number in the event you wish to withdraw your information. Thank you. Date: _____ Age: ____ Date of Birth: _____ (yyyy/month/day) Gender: M / F 1. What is the "performance" level that you <u>usually</u> compete in? Please check: ☐ International/National ☐ Provincial Recreational (place top ½ of age group) \square Recreational (place lower ½ of age group) \square Do not compete 2. On average, how many hours do you run each week? Please check: \square 0 – 5 Hours \square 10 – 15 Hours \square 20 – 25 Hours \Box 5 – 10 Hours \Box 15 – 20 Hours ☐ More Than 25 Hours 3. How many years have you included running as part of your training or exercise routine? Please check: \square greater than 7 years $\prod 0 - 3$ years \Box 3 – 5 years $\int 5-7$ years 4. What run distance do you compete in most often? Please choose one: \square 5 km \square 6 - 10 km \square 11 - 20 km \square ½ marathon (21 km) \square 22 - 41 km \square marathon (42 km) \sqcap Ultra-Distance (> 42 km) \sqcap I don't compete in running races 5. a) Have you ever been diagnosed with any of the following? Please check all that apply: ☐ Inflammatory Bowel Disease (Crohn's disease or Ulcerative Colitis) ☐ Celiac disease ☐ Irritable Bowel Syndrome ☐ Heart burn/Reflux ☐ Hiatus Hernia ☐ Intestinal Parasites Other medical condition that restricts your diet? Describe: ☐ No Diagnosis for the above (proceed to Question #6) b) Who made this "diagnosis" as identified in Question #5a? Please check: ☐ Naturopath ☐ Dietitian ☐ Holistic Nutritionist ☐ Chiropractor ☐ Allergist ☐ Physician ☐ Osteopath ☐ Other, Please List ☐ Self-Diagnosed

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0.	· · · · · · · · · · · · · · · · · · ·	to any of the following foods? F			
	Tree nuts		Soy Sulfites Whe		
			at Gluten Mustard Case		
			list:		
	☐ No food allergies	(proceed to Question #7)			
	b) Who diagnosed y	our <u>food allergy</u> as identified i	n Question #6a above? Please check:		
	☐ Physician	☐ Naturopath ☐ Dietitian ☐] Holistic Nutritionist	☐ Allergist	
	☐ Self-Diagnosed	☐ Osteopath ☐ Other, Please	e List		
	c) What test was used to diagnose your food allergy as identified in Question #6b above? Please check:				
	☐ Unaware		test Urine test Fece		
	_	<u> </u>	-		
			Other, Please List		
	d) If a blood test wa	s used to diagnose your food al	llergy, what type of test was performed?		
	d) If a blood test wa Unaware		llergy, what type of test was performed? Other, please list		
7	☐ Unaware	□ IgG □ IgE □	Other , please list	lergy) not related specifically to r	
7.	☐ Unaware Do you have any foo	☐ IgG ☐ IgE ☐		lergy) not related specifically to r	
7.	☐ Unaware Do you have any foo Please check all that	☐ IgG ☐ IgE ☐ od intolerances (foods that result apply:	Other, please list		
7.	☐ Unaware Do you have any for Please check all that ☐ Gluten free grain/co	☐ IgG ☐ IgE ☐ od intolerances (foods that result apply: ereal (e.g. rice, quinoa, pasta)	Other, please list Ilt in negative symptoms other than an all Legumes (e.g.lentils, chick peas, beans	s) Soy milk	
7.	☐ Unaware Do you have any food Please check all that ☐ Gluten free grain/co ☐ Grain (e.g. granola)	☐ IgG ☐ IgE ☐ od intolerances (foods that result apply: ereal (e.g. rice, quinoa, pasta) bar, bread, pasta, bagel)	Other, please list Ilt in negative symptoms other than an all Legumes (e.g.lentils, chick peas, beans Meat	s) ☐ Soy milk ☐ Almond milk	
7.	☐ Unaware Do you have any foo Please check all that ☐ Gluten free grain/co ☐ Grain (e.g. granola ☐ Starchy vegetable (IgG IgE apply: ereal (e.g. rice, quinoa, pasta) bar, bread, pasta, bagel) e.g. potato, sweet potato)	Other, please list Ilt in negative symptoms other than an all Legumes (e.g.lentils, chick peas, beans Meat Poultry	s)	
7.	☐ Unaware Do you have any for Please check all that ☐ Gluten free grain/cc ☐ Grain (e.g. granola ☐ Starchy vegetable (☐ Breakfast cereal, co	IgG IgE Cod intolerances (foods that result apply: ereal (e.g. rice, quinoa, pasta) bar, bread, pasta, bagel) e.g. potato, sweet potato) old	Other, please list Ilt in negative symptoms other than an all Legumes (e.g.lentils, chick peas, beans Meat Poultry Fish/Seafood	s)	
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7.	☐ Unaware Do you have any food Please check all that ☐ Gluten free grain/co ☐ Grain (e.g. granola ☐ Starchy vegetable (☐ Breakfast cereal, co ☐ Hot cereal, (eg. oat ☐ Yogurt	IgG IgE Cod intolerances (foods that result apply: ereal (e.g. rice, quinoa, pasta) bar, bread, pasta, bagel) e.g. potato, sweet potato) old	Other, please list Ilt in negative symptoms other than an all Legumes (e.g.lentils, chick peas, beans Meat Poultry Fish/Seafood Nuts, nut butter Eggs	s) Soy milk Almond milk Coconut milk Juice Coffee or tea Energy drink	
7.	☐ Unaware Do you have any for Please check all that ☐ Gluten free grain/cc ☐ Grain (e.g. granola ☐ Starchy vegetable (☐ Breakfast cereal, cc ☐ Hot cereal, (eg. oat ☐ Yogurt ☐ Cheese	IgG IgE Cod intolerances (foods that result apply: ereal (e.g. rice, quinoa, pasta) bar, bread, pasta, bagel) (e.g. potato, sweet potato) old meal, Cream of Wheat)	Other, please list Ilt in negative symptoms other than an all Legumes (e.g.lentils, chick peas, beans Meat Poultry Fish/Seafood Nuts, nut butter Eggs Milk	s) Soy milk Almond milk Coconut milk Juice Coffee or tea Energy drink Sport drink	
7.	☐ Unaware Do you have any for Please check all that ☐ Gluten free grain/cc ☐ Grain (e.g. granola ☐ Starchy vegetable (☐ Breakfast cereal, cc ☐ Hot cereal, (eg. oat ☐ Yogurt ☐ Cheese	IgG IgE Cod intolerances (foods that result apply: ereal (e.g. rice, quinoa, pasta) bar, bread, pasta, bagel) (e.g. potato, sweet potato) old meal, Cream of Wheat)	Other, please list Ilt in negative symptoms other than an all Legumes (e.g.lentils, chick peas, beans Meat Poultry Fish/Seafood Nuts, nut butter Eggs	S) Soy milk Almond milk Coconut milk Juice Coffee or tea Energy drink Sport drink Sport Bar or Gel	

☐ Gluten free grain/cere	al (e.g. rice, quinoa, pasta)	Legumes (e.g.lentil	ls, chick peas, beans)	□ Water
☐ Grain (e.g. granola ba	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Meat	<u> </u>	☐ Sport Bar or Gel
☐ Starchy vegetable (e.g	potato, sweet potato)	☐ Poultry		☐ Sport drink
☐ Breakfast cereal, cold		☐ Fish/Seafood		☐ Juice
☐ Hot cereal, eg. oatmea	l, Cream of Wheat	☐ Nuts, nut butter		☐ Fruit/vegetable smoothie
☐ Milk products (milk, o	cheese, yogurt)	□ Eggs		☐ Coffee or tea
☐ Lactose-free milk		☐ Fruit		□ Energy drink
☐ Almond milk		☐ Vegetables		☐ Chocolate
☐ Coconut milk		☐ High fibre foods in	general	
□ Soy milk				
Other, please list:				
☐ I don't avoid any food	ls (proceed to Question #9)			
☐ Routine ☐	what is/are your reason(s) Previous bad experience Other, please explain	☐ Personal preference	☐ Received advice	
☐ Routine ☐ Superstition ☐	Previous bad experience Other, please explain	☐ Personal preference	☐ Received advice	from someone
☐ Routine☐ Superstition☐ C) When TRAINING v	Previous bad experience Other, please explain what symptoms might you	☐ Personal preference	☐ Received advice AINING run if you l	from someone
☐ Routine ☐ Superstition ☐ C) When TRAINING we typically avoid (as iden	Previous bad experience Other, please explain	☐ Personal preference	Received advice AINING run if you lt apply.	from someone
 ☐ Routine ☐ Superstition ☐ When TRAINING v typically avoid (as identification) ☐ stomach pain/cramps 	Previous bad experience Other, please explain what symptoms might you	☐ Personal preference a experience during a TRaing? Please check all that ☐ diarrhea	Received advice AINING run if you lt apply.	from someone had consumed a food/fluid that g/belching
☐ Routine ☐ Superstition ☐ C) When TRAINING we typically avoid (as iden ☐ stomach pain/cramps ☐ nausea/vomiting	Previous bad experience Other, please explain what symptoms might you ntified above) before train	☐ Personal preference a experience during a TRaing? Please check all that ☐ diarrhea ☐ bleeding	☐ Received advice AINING run if you lett apply. ☐ burpin ☐ side ac	from someone had consumed a food/fluid that g/belching
☐ Routine ☐ Superstition ☐ C) When TRAINING v typically avoid (as iden stomach pain/cramps ☐ nausea/vomiting ☐ intestinal issues (pain,	Previous bad experience Other, please explain what symptoms might you ntified above) before train	☐ Personal preference a experience during a TR. aing? Please check all that ☐ diarrhea ☐ bleeding ☐ urge to defecate	☐ Received advice AINING run if you let apply. ☐ burpin	from someone had consumed a food/fluid that g/belching
☐ Routine ☐ Superstition ☐ C) When TRAINING we typically avoid (as iden ☐ stomach pain/cramps ☐ nausea/vomiting ☐ intestinal issues (pain, ☐ reflux / heartburn	Previous bad experience Other, please explain what symptoms might you ntified above) before train	☐ Personal preference a experience during a TRaing? Please check all that ☐ diarrhea ☐ bleeding ☐ urge to defecate ☐ bloating	☐ Received advice AINING run if you lett apply. ☐ burpin ☐ side acc ☐ gas	from someone had consumed a food/fluid that g/belching
□ Routine □ Superstition □ c) When TRAINING v typically avoid (as iden stomach pain/cramps □ nausea/vomiting □ intestinal issues (pain, reflux / heartburn □ no symptoms	Previous bad experience Other, please explain what symptoms might you ntified above) before train discomfort)	☐ Personal preference experience during a TR. ing? Please check all that diarrhea bleeding urge to defecate bloating feeling of fullness or h	☐ Received advice AINING run if you lett apply. ☐ burpin ☐ side acc ☐ gas	from someone had consumed a food/fluid that g/belching
☐ Routine ☐ Superstition ☐ C) When TRAINING we typically avoid (as ident of stomach pain/cramps ☐ nausea/vomiting ☐ intestinal issues (pain, or reflux / heartburn ☐ no symptoms	Previous bad experience Other, please explain what symptoms might you ntified above) before train	☐ Personal preference experience during a TR. ing? Please check all that diarrhea bleeding urge to defecate bloating feeling of fullness or h	☐ Received advice AINING run if you lett apply. ☐ burpin ☐ side acc ☐ gas	from someone had consumed a food/fluid that g/belching
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	cereal (e.g. rice, quinoa, pasta) a bar, bread, pasta, bagel)	☐ Legumes (e.g.lentils, chick peas, beans)☐ Meat) ☐ Water ☐ Sport Bar or Gel
	(e.g. potato, sweet potato)	□ Poultry	☐ Sport Bai of Ger
Breakfast cereal, o		☐ Fish/Seafood	☐ Sport arms
	atmeal, Cream of Wheat)	□ Nuts, nut butter	☐ Fruit/vegetable smoothie
Milk products (mi		☐ Eggs	☐ Coffee or tea
Lactose-free milk		☐ Fruit	☐ Energy drink
Almond milk		□ Vegetables	☐ Chocolate
Coconut milk		☐ Vegetables ☐ High fibre foods in general	
Soy milk		8	
Other, please list:			
☐ I don't avoid any	foods (proceed to Question #11) r reason(s) for avoiding specific Previous bad experience	c foods/fluids before a running RACE/CO	e from someone
I don't avoid any b) What is/are you Routine Superstition c) When RACING	r reason(s) for avoiding specific Previous bad experience Other, please explain what symptoms might you exp	c foods/fluids before a running RACE/CO	e from someone
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I don't avoid any b) What is/are you Routine Superstition c) When RACING you typically avoid stomach pain/crai	r reason(s) for avoiding specific Previous bad experience Other, please explain what symptoms might you explication (identified above) before comp	c foods/fluids before a running RACE/CO Personal preference Received advice perience during a running RACE/COMPE peting? Please check all that apply.	e from someone
I don't avoid any b) What is/are you Routine Superstition c) When RACING you typically avoid stomach pain/cran nausea/vomiting	r reason(s) for avoiding specific Previous bad experience Other, please explain what symptoms might you expected above) before companys	c foods/fluids before a running RACE/COMPETER CONTROL Received advice Received	e from someone TITION if you had consumed a fourping/belching de ache/stitch
I don't avoid any b) What is/are you Routine Superstition c) When RACING you typically avoid stomach pain/crai nausea/vomiting intestinal issues ()	r reason(s) for avoiding specific Previous bad experience Other, please explain what symptoms might you explication above) before companys	c foods/fluids before a running RACE/COI Personal preference Received advice perience during a running RACE/COMPE peting? Please check all that apply. diarrhea bleeding si urge to defecate gas	e from someone TITION if you had consumed a fourping/belching de ache/stitch
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☐ I don't avoid any b) What is/are you ☐ Routine ☐ Superstition c) When RACING you typically avoid ☐ stomach pain/cran ☐ nausea/vomiting ☐ intestinal issues () ☐ reflux / heartburn ☐ no symptoms	r reason(s) for avoiding specific Previous bad experience Other, please explain what symptoms might you explication above) before companys	c foods/fluids before a running RACE/COMPETORIC Personal preference Received advice Personal preference Received advice Personal preference Received advice Re	e from someone TITION if you had consumed a fourping/belching de ache/stitch

2.	Where do you receive information about nutriti		
	"1" as most often and "5" as least often.	g 2 2	
	Internet (Blogs, Websites)	Pharmacist	Magazines
	Social Media (Instagram, Twitter, Facebook)	Strength Trainer	Teammates
	Naturopath/Chiropractor/Osteopath	Exercise Physiologist	Family / Friends
	Coach	Physiotherapist/Athletic Thera	pist Medical Physician
	Dietitian	Holistic nutritionist	Health Food Store
	I don't receive any information	Other athletes	
	Other, please list		
3.	Have you ever attended a workshop(s) on nutrit ☐ Yes ☐ No	tion for running?	
	☐ Yes ☐ No How important is it to you to receive information	on about nutrition for running?	Not Important
4.	☐ Yes ☐ No How important is it to you to receive information	Ü	Not Important

Thank you for taking the time to complete our questionnaire.